

## **MDCH PROPOSED AMENDMENTS TO SECTION 10**

MDCH has proposed amendments to Section 10 of the MRT Standards. Section 10 addressed Proton Beam Therapy Services.

Summary: The suggested modifications of the PBT language in the MRT Standards were developed in response to the Commission's March 11, 2008 particular request for comment on the minimum requirements for participation in the PBT collaborative.

Requiring participation from hospitals with both high volume MRT ETV volumes and not just from one planning area would assure a reasonable achievement of those goals, without requirements being so complex that they might interfere with the prompt establishment of a PBT program in Michigan.

Establishing a standard of 30,000 MRT ETV's (Equivalent Treatment Visits) ensures that sufficient volume exists within the programs forming a collaborative to provide the best chance for high quality care for patients. This volume will also allow this type of cancer radiation to be evaluated at the highest possible volume, thus ensuring greater statistical validity for the outcome analyses. This would meet the CON goals of high quality, cost-effective health patient care.

### Comments on Specific Proposed Modifications:

1. **Why "Majority" Instead of "All" High Volume Hospital MRT Programs Required to be in the Collaborative and at a minimum?** This would assure greater likelihood of a PBT program being promptly established in Michigan to provide this advance in cancer radiation treatment to Michigan residents with:
  - High quality of PBT treatments for patients due to high and concentrated volume, and thus high proficiency of practitioners and the overall service
  - High validity of research and outcome findings due to the involvement of a significant number of established hospital MRT programs and experienced practitioners and researchers regarding cancer radiation treatment services.
2. **Why Involvement of hospital MRT programs from "more than one" health planning area instead of "four"?** There could be a conflict among the goals of assuring (a) PBT services are promptly made available in Michigan, (b) participation in the collaborative by high volume hospital MRT programs, and (c) that the participating hospitals would not be from just one area of the state.
3. **Why use the list published by the Department on April 30<sup>th</sup>, 2008?** The April 30<sup>th</sup>, 2008 list is based upon the most recent data available to the Department and has been finalized as of this date. This is the data that the CON Commission will have to make its final decision on the PBT standard at its April 30, 2008 meeting.